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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18 of the United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name) Masahiro SHIOJI

(See note  
C above)

Inventor's Signature Masahiro Shioji Date March 2, 1999

Residence Neyagawa-shi, Osaka, Japan Citizenship Japanese

Post Office Address 25-6, Kotobuki-cho, Neyagawa-shi, Osaka, Japan

Full name of second inventor (given name, family name) Toru ASAEDA

Inventor's Signature Toru Asaeda Date March 2, 1999

Residence Daito-shi, Osaka, Japan Citizenship Japanese

Post Office Address 3-2-5-506, Terakawa, Daito-shi, Osaka, Japan

Full name of third inventor (given name, family name) \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of fourth inventor (given name, family name) \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of fifth inventor (given name, family name) \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of sixth inventor (given name, family name) \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of seventh inventor (given name, family name) \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of eighth inventor (given name, family name) \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_